Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Electronic Filing Menu

Corporate Filing Menu

Help NOV 06 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WO, LIC			
(Name of the Limited Limbility (A Florida L	Company as t now appears on o imited Liability Company)	ur records.)		•
The Articles of Organization for this Limited Liability Cor Florida document number L19000281063	mpany were filed on $\frac{11/27/19}{1}$	· ————————————————————————————————————	_ and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designa	tion "LLC" or the abbre	vistion "L.L.C.	*
Enter new principal offices address, if applicable;				
(Principal office address MUST BE A STREET ADDRE	<u> </u>			
				
Enter new mailing address, if applicable:	 			
Mailing address MAY BE A POST OFFICE BOX			7. 2.	1
			<u>01. 1</u>	
		-	¬	. [1"
 If amending the registered agent and/or registered of agent and/or the new registered office address here: 	office address on our record		 ,	Unstere
		-	구	
Name of New Registered Agent:	<u></u>	·	ვი, დ	
New Registered Office Address:				
	Enter Florida str	cei adaress	_	
		, Florida		
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Il Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	FONSECA DIAZ, JULIAN	215 SW 42ND AVE, STE 1102	DAdd
		CORAL GABLES, FL 33134-1732	■Remove
			Change
			©Remove
			☐ Change
			⊕Add
			Remove
			Change
			①Add
			□Remove
			: Change
			JAdd
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ffective date, if other than the date of	of tiling:	(optional) of filing or more than 90 days after filing.) Pursuant	to 605 0207 I
lote: If the date inserted in this block do	es not meet the applicable sin	tutory filing requirements, this date will not b	e listed as
ocument's effective date on the Departm	ent of State's records		
	but not an effective time, at 1	2:01 ann, on the earlier of: (b) The 90th day	y after the
d is filed.			
NOVEMBER 05	2020		
Pated	- · · · · · · · · · · · · · · · · · · ·		
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Signati	are of a member of authorized re	presentative of a member	
	. SANDRA NINO CI	21 12	
	Typed or printed name		_

Filing Fee: \$25.00